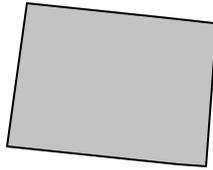


COLORADO

State SSA Director

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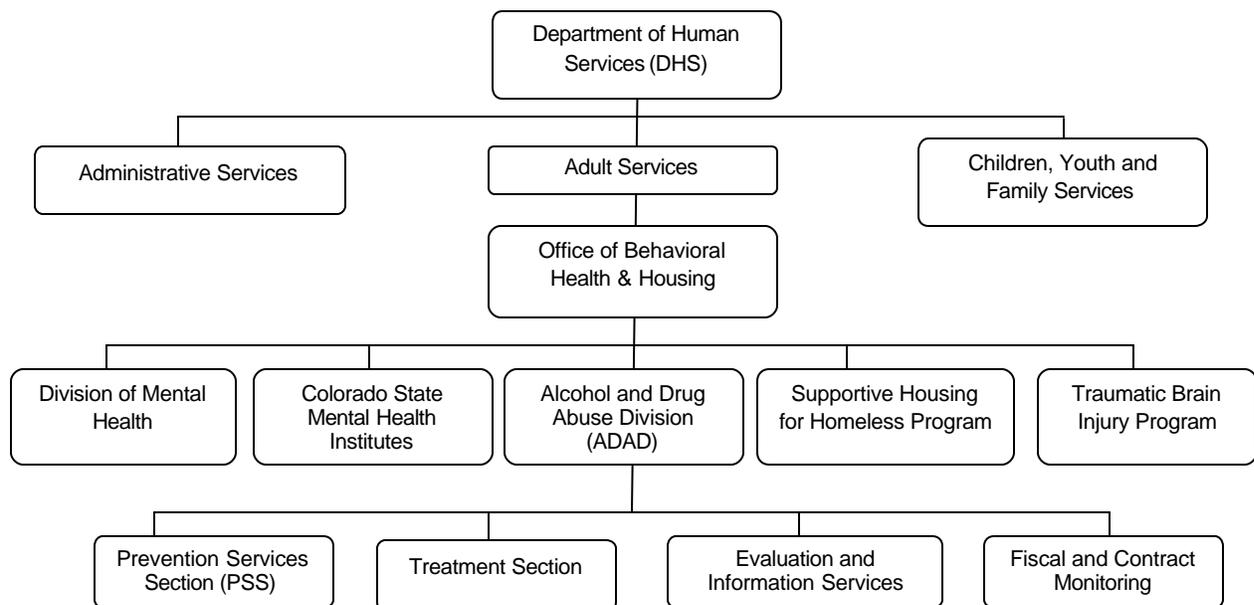
Structure and Function



The Department of Human Services (DHS) is the Single State Agency (SSA) under which the Alcohol and Drug Abuse Division (ADAD) falls. ADAD formulates a comprehensive State plan for alcohol and drug abuse programs, ensures compliance with SAPT Block Grant requirements, conducts surveys of the need for substance abuse services and purchases those services, monitors grants, and implements and enforces rules and conditions that might be imposed on programs and staff that deliver substance abuse services.

To fulfill its mission, ADAD is organized into four sections: Prevention Services Section (PSS), Treatment Section, Evaluation and Information Services (EISS), and Fiscal and Contract Monitoring.

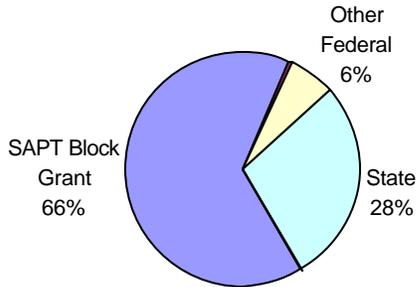
Single State Agency Structure



Single State Agency Funding Overview

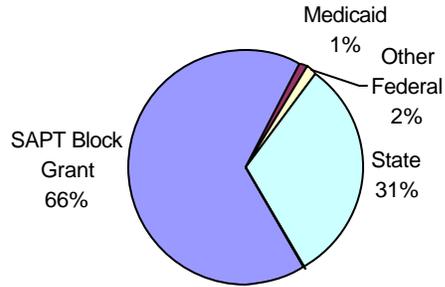
Colorado's overall SSA funding totaled more than \$35.3 million in FY 2003—up from \$31.2 million in FY 2000. The distribution of funds remained fairly stable during this time, with funding from the Block Grant and the State increasing over time. In FY 2003 two-thirds of total SSA funding was provided by the Block Grant, and just under one-third was provided by the State.

FY 2000 Expenditures by Funding Source

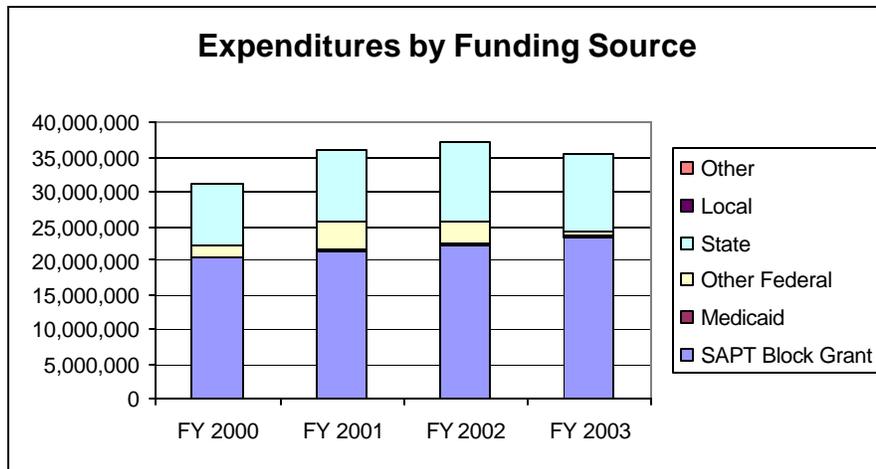


N=\$31,245,576

FY 2003 Expenditures by Funding Source



N=\$35,312,907



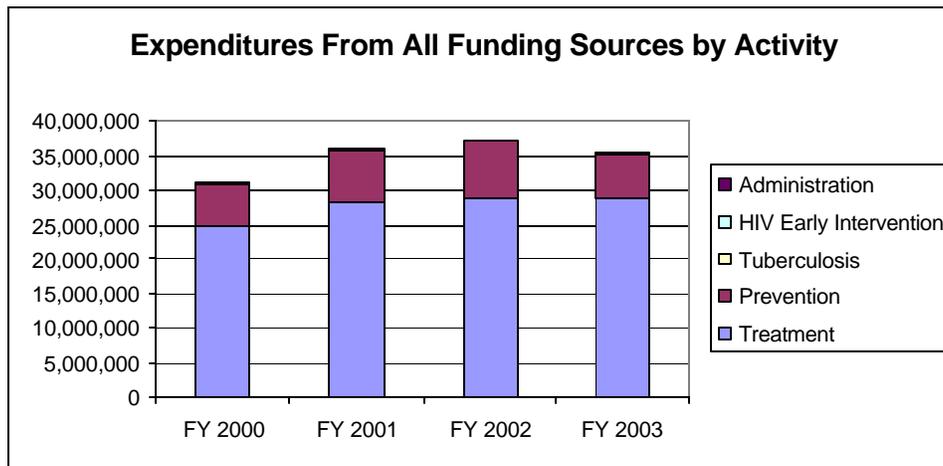
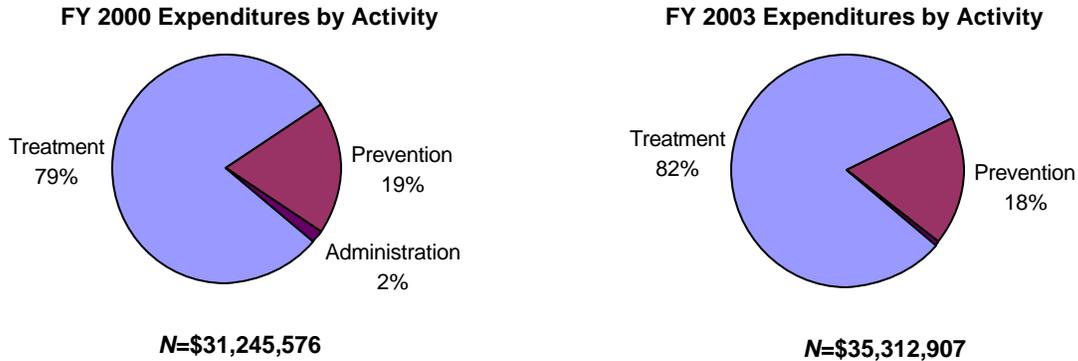
Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	20,297,398	65	21,382,601	59	22,213,303	60	23,366,008	66
Medicaid	103,025	0	213,153	1	347,525	1	341,854	1
Other Federal	1,971,198	6	4,013,659	11	3,207,486	9	565,836	2
State	8,873,955	28	10,508,475	29	11,467,444	31	11,039,209	31
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	31,245,576	100	36,117,888	100	37,235,758	100	35,312,907	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Most (82 percent) of Colorado's SSA expenditures went toward treatment services in FY 2003, and 18 percent toward prevention services. This distribution of funds was similar over time from FY 2000 to 2003.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	9,301,717	30	11,828,050	33	28,924,014	78	28,963,031	82
Alcohol Treatment	7,624,481	24	10,585,539	29				
Drug Treatment	7,967,876	26	5,799,845	16				
Prevention	5,820,944	19	7,637,657	21	8,105,021	22	6,181,247	18
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	530,558	2	266,797	1	206,723	1	168,629	0
Total*	31,245,576	100	36,117,888	100	37,235,758	100	35,312,907	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

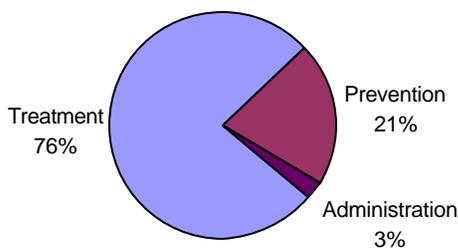
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

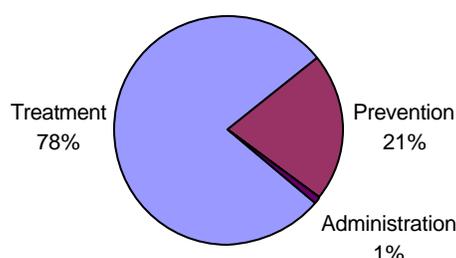
Between FYs 2000 and 2003, Block Grant funding in Colorado rose from \$20.3 to \$23.4 million. The distribution of Block Grant funds over that time period remained relatively stable, with 76 to 78 percent going toward treatment and rehabilitation services, 21 percent toward prevention services, and the remainder toward administration costs.

FY 2000 Block Grant Expenditures by Activity

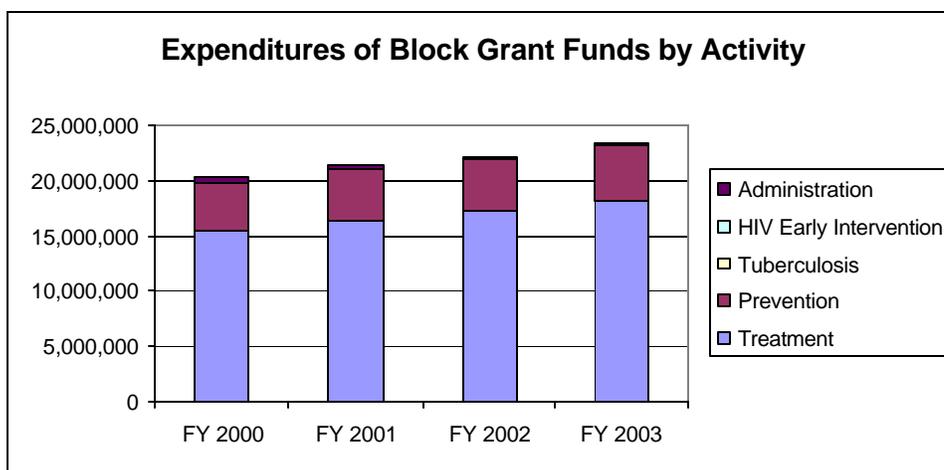


N=\$20,297,398

FY 2003 Block Grant Expenditures by Activity



N=\$23,366,008



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Treatment and Rehabilitation	0	0	0	0	17,326,013	78	18,280,906	78
Alcohol Treatment	7,624,481	38	10,585,539	50				
Drug Treatment	7,967,876	39	5,799,845	27				
Prevention	4,192,483	21	4,730,420	22	4,680,567	21	4,916,473	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	512,558	3	266,797	1	206,723	1	168,629	1
Total*	20,297,398	100	21,382,601	100	22,213,303	100	23,366,008	100

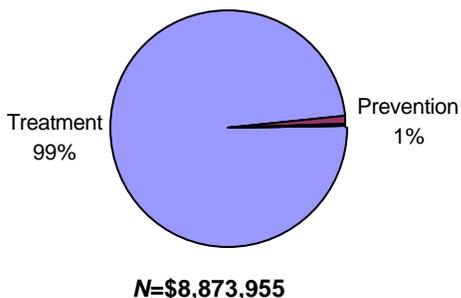
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

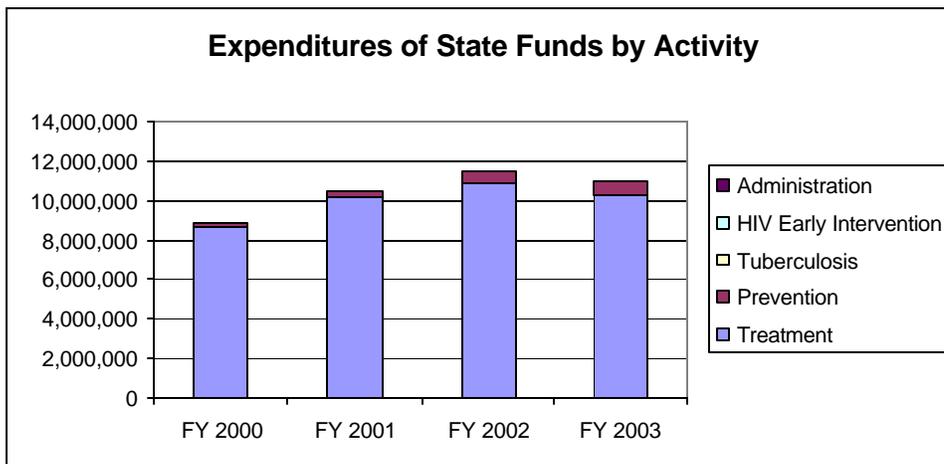
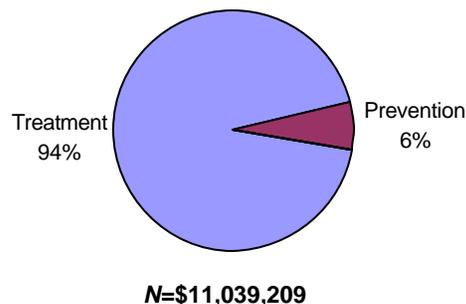
Expenditures of State Funds

State expenditures on alcohol and drug abuse services in Colorado increased from \$8.9 million in FY 2000 to \$11 million in FY 2003. In FY 2003, nearly all (94 percent) of State funding was spent on treatment services (down slightly from 99 percent in FY 2000) and 6 percent on prevention services (up from only 1 percent in FY 2000).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	8,738,692	98	10,212,560	97	10,897,258	95	10,340,271	94
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	117,263	1	295,915	3	570,186	5	698,938	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	18,000	0	0	0	0	0	0	0
Total*	8,873,955	100	10,508,475	100	11,467,444	100	11,039,209	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The State's primary prevention goals are to develop, implement, maintain, and evaluate, on a statewide basis, prevention programs that address alcohol, tobacco, and other drug (ATOD) issues. This includes reducing risk factors and increasing protective factors related to substance abuse among individuals and their peers, family, school, and community. In order to accomplish this goal and to document results, data are collected from several sources, including ADAD's Prevention Evaluation Partnership (PEP).

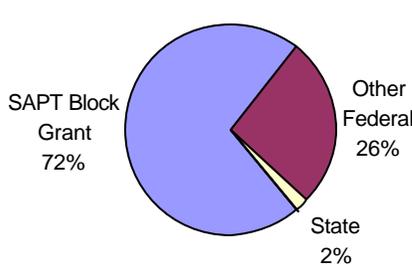
ADAD funds approximately 50 prevention programs across the State by encouraging prevention programs to impact multiple levels of social structures including individuals, families, groups, institutions, and communities of the major ethnic and cultural groups in Colorado. ADAD also encourages programs to promote local ownership, to select ethnically and culturally sensitive approaches, to emphasize short- and long-term outcomes, and to develop a diverse constituency of local professionals, parents, educators, and volunteers.

Prevention Funding and Expenditures

Prevention funding in Colorado increased between FYs 2000 and 2003 from \$5.8 to \$6.2 million. The proportions of funds received from the different funding sources also changed during this time period: the Block Grant increased from 72 percent of total prevention funding to 80 percent, State funds increased from 2 to 11 percent, and other Federal funds decreased from 26 to 9 percent of total funding.

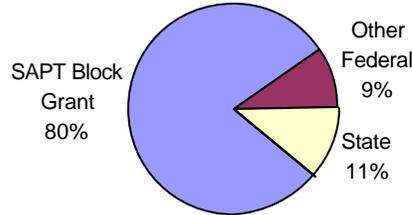
Per capita expenditures for prevention services in Colorado ranged from \$0.97 to \$1.07 between FYs 2000 and 2002. In FY 2003 prevention expenditures rose slightly to \$1.08 per capita.

FY 2000 Prevention Expenditures by Funding Source

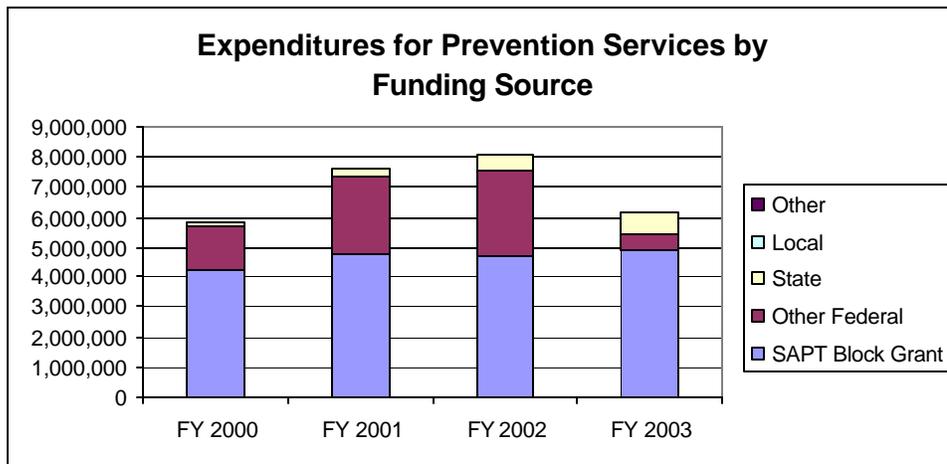


N=\$5,820,944

FY 2003 Prevention Expenditures by Funding Source



N=\$6,181,247



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	4,192,483	72	4,730,420	62	4,680,567	58	4,916,473	80
Other Federal	1,511,198	26	2,611,322	34	2,854,268	35	565,836	9
State	117,263	2	295,915	4	570,186	7	698,938	11
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	5,820,944	100	7,637,657	100	8,105,021	100	6,181,247	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

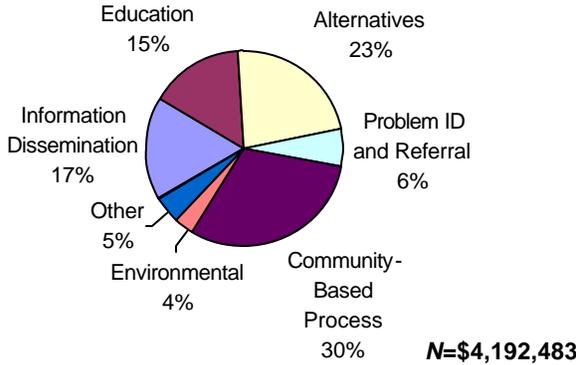
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	The Prevention Information Center (PIC) and Regional Alcohol and Drug Awareness Resources (RADAR) Clearinghouse disseminate a broad collection of videos, curricula, print, posters, CSAP media campaign information, and other resources. In addition, the PIC houses the resources of STEPP, the tobacco prevention office at the Department of Public Health & Environment.
Education	The most frequent service types provided are parenting/family management, educational services for youth groups, and small group sessions. The 12-week Multi-Ethnic Parenting Curriculum continues to be provided to high-risk parents.
Alternatives	Alternative activities target youth of all ethnic groups who participate in programs statewide. A major focus of the strategy is mentoring/significant other programs. Other alternative activities include an "Arts in Prevention" program and seven afterschool or early evening programs.
Community-Based Processes	Community-based activities focus on local communities, including prevention subcontractor-providers, community organizations, task forces, and coalitions. ADAD continues to fund a statewide Regional Prevention Center Services contract to oversee the work of seven Regional Prevention Specialists, based in the seven substate planning areas, to provide training and technical assistance to residents of the respective region.
Environmental	The majority of services focus on preventing underage sale of tobacco/Synar, environmental consultation to communities, and managing public policy efforts.
Problem Identification and Referral	The major focus of adult problem identification and referral involves the development of a group of small and very small businesses that form a consortium to deal with worksite substance abuse problems.

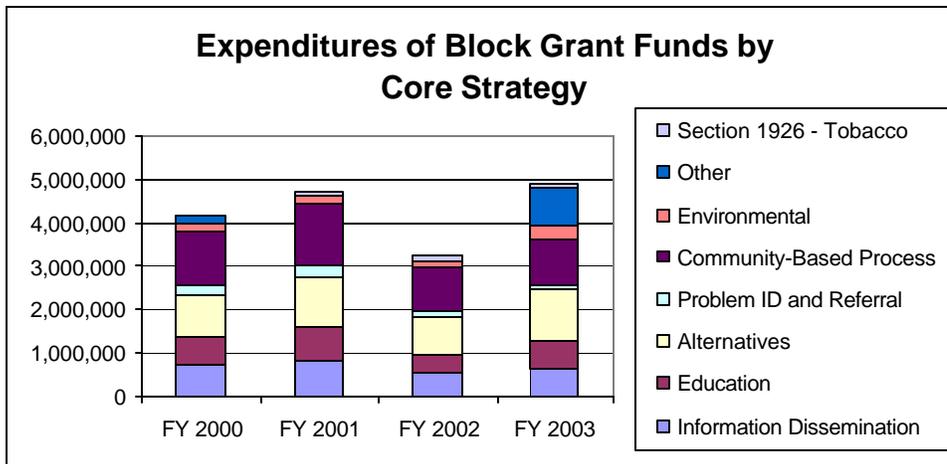
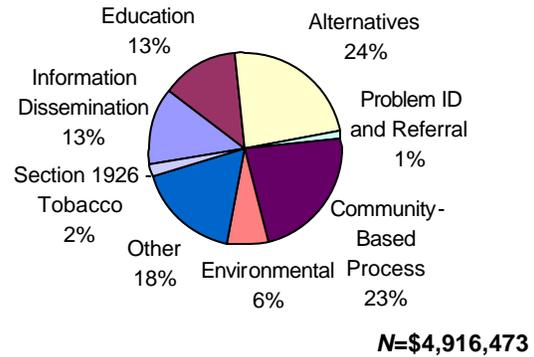
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for CSAP prevention core strategies increased from \$4.2 to \$4.9 million between FYs 2000 and 2003. The distribution of funds remained relatively stable over the years, with community-based processes and alternatives receiving the largest proportions.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Information Dissemination	713,620	17	828,856	18	553,907	17	643,918	13
Education	637,873	15	740,877	16	398,331	12	642,653	13
Alternatives	980,570	23	1,139,098	24	844,243	26	1,175,404	24
Problem ID and Referral	231,229	6	268,568	6	151,369	5	68,446	1
Community-Based Process	1,275,746	30	1,481,753	31	1,010,120	31	1,106,912	23
Environmental	147,508	4	171,328	4	151,233	5	306,796	6
Other	205,937	5	0	0	0	0	863,230	18
Section 1926 - Tobacco	0	0	99,940	2	105,936	3	109,114	2
Total*	4,192,483	100	4,730,420	100	3,215,139	100	4,916,473	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

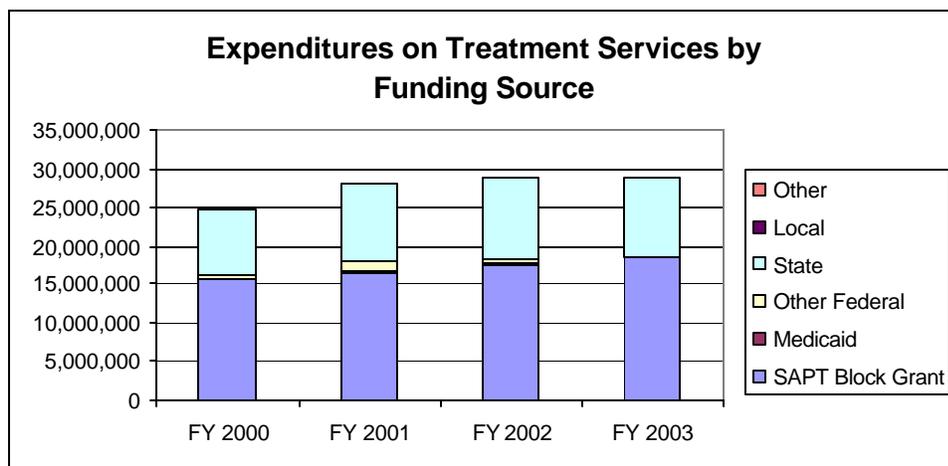
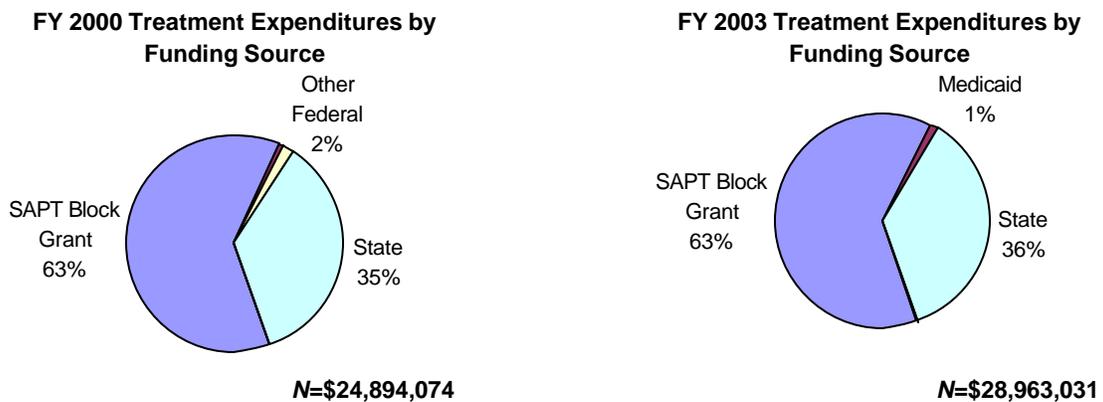
Staffed by a director and nine treatment field managers, the Treatment Section provides oversight to the managed service organizations (MSOs) and to the Special Women’s Services (SWS) programs, oversees training and staff development activities for the State’s substance abuse workforce, and coordinates adolescent services. The Treatment Section also is responsible for ensuring compliance with SAPT Block Grant requirements, including developing clinical standards that incorporate SAPT Block Grant requirements.

With staff from the licensing component, Treatment Section staff conduct onsite licensing reviews of service providers. Toward that end, Treatment Section staff have been cross-trained to conduct fiscal and data systems reviews. Treatment Section staff collaborate with other provider systems, such as county child welfare agencies, to implement joint programming involving substance-abusing clients.

Treatment Funding and Expenditures

Treatment expenditures in Colorado increased between FYs 2000 and 2003 (from \$24.9 to \$29 million). The proportion of funds from the different funding sources remained stable during that time with the largest proportion coming from the Block Grant (contributing 58 to 63 percent of the total), followed by the State (ranging from 35 to 38 percent).

Block Grant treatment expenditures in Colorado increased from \$3.60 to \$4.02 per capita between FYs 2000 and 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
SAPT Block Grant	15,592,357	63	16,385,384	58	17,326,013	60	18,280,906	63
Medicaid	103,025	0	213,153	1	347,525	1	341,854	1
Other Federal	460,000	2	1,402,337	5	353,218	1	0	0
State	8,738,692	35	10,212,560	36	10,897,258	38	10,340,271	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,894,074	100	28,213,434	100	28,924,014	100	28,963,031	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Colorado's SAPT Block Grant application indicates that over 68,000 persons were admitted to treatment during FY 2002, of which most were admitted for free-standing residential services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=68,381)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	48,331	2,456	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,368	1,881	0
Long-term residential	53	319	0
Ambulatory (Outpatient)			
Outpatient (methadone)	38	1,375	0
Outpatient (non-methadone)	4,797	6,388	0
Intensive outpatient	584	791	0
Detoxification (outpatient)	0	0	0
Total	55,171	13,210	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data also indicate more than 68,000 admissions (where at least one substance is known), of which nearly 49,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 12 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 7 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 24 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	48,639	7.3
Alcohol in combination with other drugs	18,911	23.9
Total	67,550	11.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 315,000 persons aged 12 and older (8.6 percent of Colorado's population) needed, but did not receive, treatment for alcohol use and 112,000 persons (3.0 percent) needed, but did not receive, treatment for illicit drug use in Colorado.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	8.55	6.24	20.00	6.87
Needing but not receiving treatment for illicit drug use	3.04	4.72	9.68	1.66

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Using ADAD's Prevention Evaluation Partnership (PEP) Outcome Evaluation System, ADAD determines the number of persons served in each CSAP strategy. PEP collects statistics from every prevention provider on a monthly basis. Funds are targeted to communities and populations at risk for substance abuse and to those with limited or no prevention resources. The CSAP high-risk populations are major targets for Block Grant-funded services in each of the substate planning areas. In addition, all providers and potential providers are required to provide an assessment of need. County-level social indicator data from the Colorado Prevention-Related Indicators Report was also available for determining need for services.

Evaluation

ADAD's treatment dollars are allocated to 4 managed service organizations and their 40 subcontractor providers. Accountability is ensured by a variety of means that include onsite monitoring of providers. The detailed assessment tools contain elements that correspond to each of the terms of the ADAD contracts and subcontracts and specifically address all of the fiscal and clinical Block Grant requirements. The primary focus of the interviews and reviews of program records, including client records, is to examine the administration and delivery of services delivered to Colorado priority populations, which include the five Federal priority populations. The women's treatment coordinator and the controlled substance administrator are involved in all visits, assuring adequate attention to each agency's compliance with admissions, interim services, and other priority population requirements.

ADAD prevention staff does onsite visits to contractor sites every other year. In between visits there is telephone and e-mail communication to assure that everything is on schedule. The focus of the site visits is continuous quality improvement. The regional prevention consultant from the geographic area in which the site is located may also attend. Site visits provide an opportunity to explore strategies for enhancing performance and to ensure that contractual obligations are being met. The contractors receiving the largest amount of prevention funds from ADAD are in the Denver metro area. The Prevention Services Section works with them on a continuous basis, thereby knowing their strengths and challenges and providing technical assistance.

Training and Assistance

In FY 2004 ADAD cosponsored six interagency regional prevention summits held across the State involving a cross-section of health, education, mental health, and substance abuse services providers. These sessions provided valuable information about workforce development needs as participants responded to a series of "Core Competencies" recommendations presented by the Prevention Leadership Council.

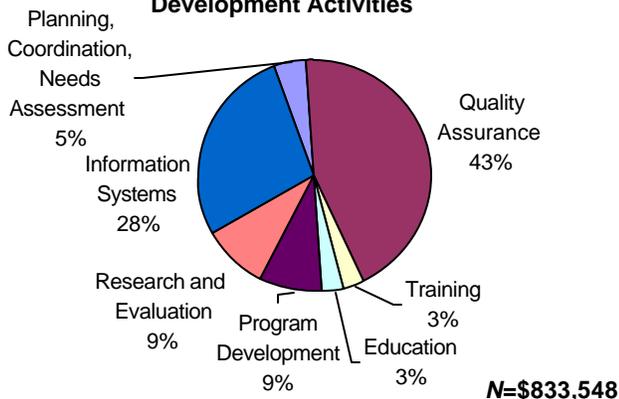
ADAD's prevention services staff actively participate on the PLC workforce development planning group, which in SFY 2004 participated in a Southwest Regional Prevention Workforce Initiative in Houston, Texas, to link workforce competencies with prevention planning.

Other training offered annually includes ADAD Research Forums, Prevention Specialist Training, Annual Detox Subcontractor Provider Training, DUI Treatment Subcontractor Provider Training, Counselor Certification Training, Specialized Women's Services (SWS) Subcontractor Provider Training, and Annual Detox Subcontractor Provider Training.

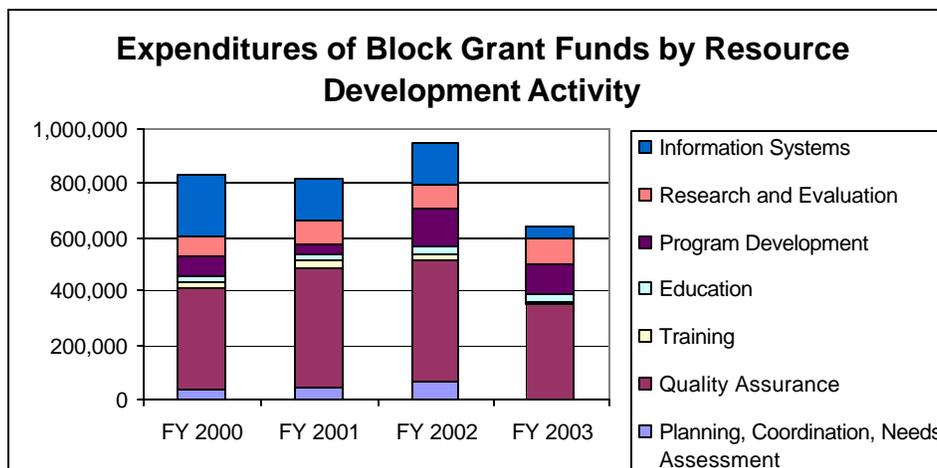
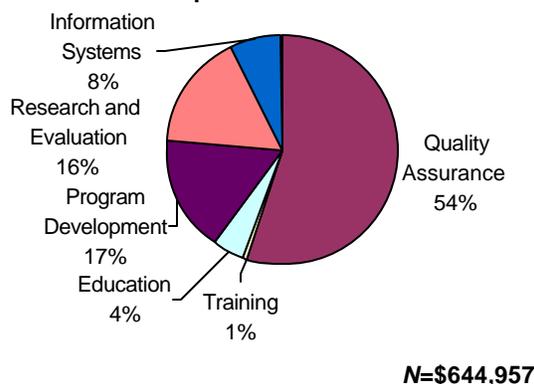
Expenditures of Block Grant Funds for Resource Development Activities

After increasing between FYs 2000 and 2002, Block Grant funding for resource development activities in Colorado declined to \$645,000 in FY 2003. In FY 2003, quality assurance received the largest proportion (54 percent) of these funds, program development received 17 percent, and research and evaluation received 16 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%						
Planning, Coordination, Needs Assessment	38,113	5	41,267	5	65,228	7	0	0
Quality Assurance	367,038	44	437,308	53	449,338	47	352,905	55
Training	23,789	3	29,016	4	28,400	3	5,544	1
Education	23,789	3	29,016	4	28,400	3	27,722	4
Program Development	73,717	9	41,485	5	137,679	14	107,081	17
Research and Evaluation	76,225	9	82,534	10	84,872	9	102,915	16
Information Systems	230,877	28	159,992	19	156,415	16	48,790	8
Total*	833,548	100	820,618	100	950,332	100	644,957	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Colorado received more than \$5.5 million in Center for Substance Abuse Prevention (CSAP) discretionary awards in FY 2004. The largest single award was for the Strategic Prevention Framework State Incentive Grant (SPF SIG).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	18	1,650,952
Drug Free Communities Mentoring	1	70,328
Family Strengthening	1	394,175
HIV/AIDS Cohort 3 Services	1	340,500
HIV/AIDS Cohort 5 Services	2	500,000
SAMHSA Conference Grants	2	50,000
Strategic Prevention Framework State Incentive Grant	1	2,350,965
Youth Transition into the Workplace	1	149,990
Total	27	5,506,941

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) awarded the State \$4.7 million in 13 discretionary grants for treatment services in FY 2004. The largest recipient of funds was homeless addictions treatment at \$1.2 million.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	1	386,740
Effective Adolescent Treatment	2	499,995
Homeless Addictions Treatment	2	1,188,366
Recovery Community Support - Recovery	1	350,000
Residential Substance Abuse Treatment	1	485,845
SAMHSA Conference Grants	1	50,000
State Data Infrastructure	1	100,000
Targeted Capacity Expansion	1	499,735
Targeted Capacity - HIV/AIDS	2	649,201
TCE Minority Populations	1	499,933
Total	13	4,709,815

SOURCE: www.samhsa.gov